



2-28-06

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Mail No. EV 686093365 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  
Dated: February 27, 2006 Signature: *[Signature]*  
(Richard Zimmermann)

Docket No.: 01017/30016A  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Paduslo et al.

Confirmation No.: 2632

Application No.: 10/796,522

Art Unit: 1649

Filed: March 9, 2004

Examiner: Olga N. Chernyshev

For: TREATMENT FOR CENTRAL NERVOUS  
SYSTEM DISORDERS

**AMENDMENT AND RESPONSE TO THE RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

This paper is in response to the Restriction Requirement mailed January 26, 2006. This response is timely filed.

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

There are no amendments to the specification.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.

03/02/2006 WABDEL R1 00000046 10796522

01 FC:2202  
02 FC:2203

625.00 OP  
180.00 OP



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/796,522-Conf. #2632
		Filing Date	March 9, 2004
		First Named Inventor	Joseph F. Poduslo
		Examiner Name	Chernyshev, Olga N.
		Art Unit	1649
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	01017/30016A
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 805.00		

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input type="checkbox"/> Deposit Account    Deposit Account Number: 13-2855    Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
55		- 30 = 25	x 25.00 =	625.00			
					<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
					180.00	180.00	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
2		- 4 =	x				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
	- 100 =	/50	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature	<i>Jeanne M. Brashear</i>	Registration No. (Attorney/Agent)	56,301
Name (Print/Type)	Jeanne M. Brashear	Telephone	(312) 474-6300
		Date	February 27, 2006

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Dated: February 27, 2006	Signature: <i>Richard Zimmermann</i> (Richard Zimmermann)